PTO/SB/17 (12-04v2)

United the Paperwo	rk Reduction Act of	1995 no ner	sons are required to r	U.S. Pate respond to a collect	ent and Trac	lemark Office: I	JS DEPART	MENT OF COMMERCE id OMB control number		
di.i.		Complete if Known								
Fees pursuant to the	Application Number 10/617,461									
FEE TRANSMITTAL For FY 2005				Filing Date	Filing Date July 1			1, 2003		
				First Named I	Inventor	Bernd Matth				
	Examiner Nar	me	Rodney H. Bonck							
Applicant clai	Art Unit		3681							
TOTAL AMOUNT	OF PAYMENT	(\$)	450.00	Attorney Doci	ket No.	03105/Dkt0	1041	<u>/</u>		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 15-0825 Deposit Account Name: Owen & Owen										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULA	TION									
1. BASIC FILING										
	FILI	NG FEES <u>Small E</u>		RCH FEES Small Entity		INATION F Small En				
Application Ty	<u>/pe Fee (</u>			Small Entity Fee (\$)	Fee			Fees Paid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65	_			
Plant	200	100	300	150	160	80	_			
Reissue	300	150	500	250	600	300	_			
Provisional	200	100	0	0	0	0	_			
2. EXCESS CLA						Faa		II Entity		
Fee Description		~ Daicena	ام.		•	<u>Fee</u> 5(26 (\$) 25		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								100		
Multiple dependent claims								180		
Total Claims	Extra C	Claims	Fee (\$) Fee	e Paid (\$)			ple Depend			
20	or HP =	x _	=_			Fee		Fee Paid (\$)		
•	ber of total claims pa									
Indep. Claims	Extra C or HP =	Claims x	Fee (\$) Fee	e Paid (\$)						
HP = highest numb	er of independent o	laims paid for	r, if greater than 3.							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
			100 sheets of pa							
			pplication size fe			small entity	y) for each	additional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
Total Sheets										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing surcharge): Petition for Extension of Time										
						-				
Signature Charles Registration No. 27,518							elephone 419	-243-1294		
Name (Print/Type) C			water 1	(Attorney/Agent)			ate 2 -	(=0.5		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.